

Teaching Nurses Reiki Energy Therapy for Self-Care

Angela Brathovde, MSN, RN, BC, HNB-BC, *Robert Wood Johnson Barnabas Health, Monmouth Medical Center*

Abstract

Reiki energy therapy benefits both practitioner and recipient in assisting the body to heal. Reiki Level I was taught as a self-care practice to a convenience sample of 24 baccalaureate-prepared registered nurses. The purpose of the study was to replicate an original pilot study by Brathovde (2006) which asked the question: If Reiki Level I energy therapy were taught to health-care providers as a self-care practice, would the perceptions of their own caring behaviors change? A mixed-methods research technique was utilized: demographic data, a self-report Caring Efficacy Scale before and after Reiki training, and interview. From before to after Reiki training, Caring Efficacy Scales demonstrated positive change in the participants' perceptions of their own caring behaviors. This also showed a relationship to the themes arising from qualitative data, which were identified as calm presence, spiritual connection, the importance of caring for the self in order to care for others, and using more personal self-care and reflective practices. The findings of this study have practical importance to nursing practice, as nurses working in our current health-care environment can benefit from utilizing self-care practices in order to provide more compassionate care to their patients and to enhance their own caring behaviors.

Keywords: self-care practices, Reiki energy therapy, nurses, caring behaviors

There are increasingly complex challenges for nurses in the health-care setting. The changes in the health-care culture, with health-care reform and compliance with progressively more intricate governmental standards and regulations, are affecting the way hospitals are reimbursed under the Affordable Care Act (Kavanaugh, Cimiotti, Absusalem, & Coty, 2012). Various national nurse surveys over the past several years, such as the National Database of Nursing Quality Indicators and the National Survey of Registered Nurses, have demonstrated that nurses need to adapt to new paradigms of providing quality nursing care in hospital environments structured around payment incentives rewarding quality, safety, and efficiency. Adapting to these unknowns creates unpredictable pressures and challenges in the changing health-care environment. Being able to utilize a technique such as Reiki energy therapy provides a means of support and self-care during these changes in our health-care culture. Would regular practice of a self-care modality, such as Reiki energy therapy, improve nurses' perceptions of their own level of caring? Could implementing this self-care intervention improve nurse job satisfaction as well as patient satisfaction scores, thereby affecting future financial reimbursement (Berhaus, et al., 2012)?

In qualitative research by Smith, Zahourek, Hines, Engebretson, and Wardell (2013), nurses were asked to describe the characteristics, experience, and meaning of personal healing through sharing of narrative stories. The nurses shared their own experiences with healing of themselves or of another. Themes that emerged from the narrative accounts included self-awareness through reflective practice, identifying

appreciation of connection with others and gratitude for the life journey, increased sensory awareness and perception, and intuitive knowing. The authors acknowledge that nurses are "wounded healers," which reinforces the essential necessity for personal and professional self-care. This demonstrates a relationship to themes identified in Brathovde's pilot study (2006) on teaching Reiki energy therapy to nurses and health-care providers as a self-care practice: spirituality, personal awareness, increased self-care and/or caring behaviors, and healing presence.

In a strained health-care environment, learning a simple, therapeutic self-care modality such as Reiki energy therapy might provide relief for nurses, especially if the health-care organization in which they work supports the use of self-care practices. The practice of Reiki incorporates self-treatment, and the basic foundation of Reiki is that it is taught as a self-care lifestyle practice. Practicing self-care helps individuals stimulate their own bodies' healing processes, as a result making them more authentically available to care for others (Gallob, 2002; Miles & True, 2003).

Background

The purpose of this study is to replicate previous work by Brathovde (2006), which sought to determine whether, if baccalaureate-prepared nurses were taught the self-care holistic practice of Reiki energy therapy, their perceptions of their own caring behaviors would change within their personal environments? The findings of this mixed-methods research study (utilizing demographic data, a self-report Caring Efficacy Scale before and after Reiki training, and a post-training structured interview) demonstrated that the participants perceived a change in their caring behaviors, for themselves and others, after

learning Reiki Level I. Four themes emerged from analysis of the data obtained from semistructured interviews and questionnaires: calm presence, spiritual connection, the importance of caring for the self in order to care for others, and using more personal self-care/reflective practices.

A study by Cuneo et al. (2011) determined the impact of Reiki education, training, and practice on work-related stress for registered nurses. Seventeen registered nurses completed Cohen's Perceived Stress Scale after receiving standardized Reiki Level I instruction. Participants were asked to perform 10–15 min. of self-Reiki over a 21-day period and keep a diary of their self-practice. There were statistically significant decreases in scores from baseline to follow-up, and participant diaries supported a benefit from practicing self-Reiki.

Brathovde's previous research (2006) was a pilot study, with a sample size of only 10 participants. The current replication study had a larger sample size, which could produce a change in the results for participants' perception of their self-care and how they care for others and could further demonstrate the effect of incorporating self-care practices on nursing work environments.

When this study was piloted in 2005, there were limited scientific data on the physiological benefits of Reiki energy therapy. The Center for Reiki Research currently has 52 critiqued and analyzed Reiki studies listed on its website (Center for Reiki Research, 2016). As of this writing, there are 17 Reiki studies on ClinicalTrials.gov, a service of the National Institutes of Health.

Over 1.5 million adults and children received one or more sessions of energy healing therapy such as Reiki, according to the 2007 National Health Survey. According to the American Hospital Association (AHA), in 2007, 15% of American hospitals—over 800—offered Reiki as part of hospital services (AHA news, 2008; Barnes, Bloom, Nahin, 2008; Center for Reiki Research, 2016). In reviewing the studies that focus on the benefits of Reiki, especially the physiological benefits that would relate to Reiki as a self-care practice, it is clear that Reiki energy therapy is a legitimate healing modality deserving of further scientific inquiry.

Diaz-Rodriguez, et al., 2011 tested the immediate effects of Reiki on heart rate, cortisol, and body temperature in health-care professionals diagnosed with burnout syndrome, and found a significant relaxation reaction in heart-rate variability, increase in body temperature, and reduced sympathetic response. Salivary flow rate and concentrations of cortisol in saliva were not affected, which would be an

indication of change in parasympathetic activity due to the effects of the Reiki treatment.

Vitale (2009) performed a phenomenological study wherein 11 nurses who practiced Reiki as self-care were asked open-ended questions about that practice. Themes that emerged included use of self-care for stress reduction and management, and a spiritual awareness of connection to a higher source for healing of the self and in relationship for healing with others. Providing nurses a resource for caring for themselves and others might, in the future, develop practice standards which integrate utilizing a holistic modality such as Reiki energy therapy in their work settings.

Framework

The theoretical framework for this study integrates Watson's theory of Caring Science. Teaching Reiki as a self-care modality fosters and demonstrates holistic caring for those in the helping professions. Practicing Reiki on oneself and others allows the experience of what Watson (2008) describes as "the caring moment," a transformative interaction between oneself and another that could potentially change one's life. As human beings practicing the vocation of nursing in the healing professions, we must first extend kindness and compassion to healing our relationships with ourselves, for personal health and well-being, which allows us the space to authentically be present to experience and minister to the suffering of others (Watson, 2005).

Watson (2008) writes that holistic practices, such as Reiki, are grounded in spiritual-ethical-cultural dimensions honoring the beliefs, perceptions, and values of ancient medicine and healing practices from wisdom traditions that uphold that the body has the power at the deepest and infinitely most sacred level to heal.

Description of the Design

This study used methodological triangulation, with a descriptive design and semistructured interviews. Approval was obtained from the institutional review board at the institution where the study was conducted. Several months before the actual Reiki training session, baccalaureate-prepared registered nurses in a 400-bed academic medical center in a northeastern suburban area were given a 1-hr educational presentation introducing Reiki energy therapy as a self-care practice. Participation in the presentations was voluntary.

Content included the actions and implications for the use of Reiki in the health-care setting and the relationship to Watson's (2008) Caring Science. The importance of practicing Reiki on the self was emphasized. The presentations highlighted the need to keep the self healthy and balanced—the importance of self-care as holistic

nurses—in this challenging health-care climate. Following the presentation, those participants who expressed an interest in learning Reiki were offered opportunity to attend a training session, and provided the means for the design sample.

Sample

A convenience sample consisting of 25 baccalaureate-prepared registered nurses participated in the study. Twenty-four participants completed the study. Inclusion criteria for the study included that the participants were baccalaureate-prepared registered nurses who were employed by the medical center. The baccalaureate registered nurses represented specialty areas such as emergency, medical-surgical, behavioral health, perioperative, and nursing administration. Ninety-five percent were staff nurses, and 95% were female. Seventy-nine percent were Caucasian, 17% were Asian, and 4% were Hispanic. Forty-six percent were 21–30 years of age, 12% were 31–40, 21% were 41–50, and 21% were 51–60. Fifty-four percent of participants had practiced for 0 to 5 years, 4% had practiced 11 to 15 years, 8% had practiced 16 to 20 years, and 25% had practiced 26 to 30 years. Seventy-five percent were baccalaureate prepared and the other 25% were master's prepared. Participants were required to have at least a baccalaureate degree because of the health-care organization's preparation to pursue the Magnet journey in the near future, the reflection of professional nurses practicing to their highest level of education, and minimum baccalaureate preparation for entry into nursing practice.

Design

Participants gave written consent and completed a demographic questionnaire and a pre-Reiki Caring Efficacy Scale at the start of the Reiki Level I training. The Caring Efficacy Scale was developed by Coates (2002) to evaluate one's confidence in establishing a caring relationship with patients. Approval for use of the Caring Efficacy Scale was received January 14, 2014.

The content of the Reiki Level I educational activity included the history of Reiki, the benefits of Reiki, the practice of Reiki in nursing, the use of the Reiki guides to assist in facilitating Reiki energy without draining personal energy, preparation of clients for a Reiki session, centering and grounding when beginning a Reiki session, the proper hand placements for a Reiki treatment, balancing the client at the session's completion, techniques for a Reiki self-treatment, Reiki Level I attunement, and processing of feelings experienced during the attunement process. Two Reiki Master registered nurses provided the training, and registered-nurse volunteer with Reiki Level II training assisted

during the training day. To ensure trainer reliability, both Reiki Masters were trained in the Usui White Light method, and all volunteers prepared before the training day by reviewing Reiki Level I educational content and training techniques. During the training, both Reiki Masters cotaught the didactic portion, proper hand placement, and attunement.

A combination of qualitative and quantitative methodology was chosen to understand the nurses' perception of their own caring behaviors, to describe their experiences with their work environments and their own self-care after receiving Reiki Level I training, and to validate Watson's Caring Science.

Those participants receiving Reiki training were contacted after 3 months. They were sent a follow-up email, a Caring Efficacy Scale, and a 10-question survey regarding their perceptions of any changes in being able to care for themselves and their clients and in their work environments since the Reiki training.

Semistructured interviews, lasting approximately 30 minutes, were held with each participant either in person or over the telephone once questionnaires were returned. Interviews were recorded, downloaded, and transcribed along with the written questionnaires and notes taken by the interviewer during the interview. Responses were used to describe personal experiences along with learning and practicing Reiki as a self-care practice pertaining to the research question. The researcher transcribed interviews, and then sent them via e-mail attachment to each participant to review and make additions or comments.

Procedure

Repeated-measures analysis was completed using WINKS 7.0.5 Professional Edition. Results of summary data for the pre- and post-training Caring Efficacy Scales (CESSs) were recorded and tabulated for individual scores and group scores.

A paired *t* test ($p \leq .05$) was used to compare individual-subject pre- and post-training CES scores, where means and standard deviations were calculated for two repeated measures for the pre- and post-training CESs (Table 1). Power analysis was not performed, due to a known small sample size. A beta (Type II error) test was calculated for a two-tailed hypothesis with observed effect (Cohen's *d*), and the total effect size was 0.932, indicating that a sample would need to be at least 128, or 64 participants per sample. An a priori sample-size calculator for *t* tests determined that the calculated effect size for this study, with a probability level of .05, was small—between the 50th and the 58th percentile (Soper, 2017).

Out of 24 subjects, at 95% confidence, 14 (54%) showed higher scores (positive change), which were significantly different in two cases.

Table 1

Comparison of Individual-Subject Pre- and Post-Training Total Scores

Subject	Pre-Training Total Score	Post-Training Total Score	<i>p</i>	Mean Difference	<i>SD</i>	Cohen's <i>d</i>
1	0	-15	.070	0.500	1.456	0.031
2	-15	5	.062	-0.067	1.882	0.3
3	-4	-2	.774	0.067	1.258	0.3
4	-7	-5	.810	-0.067	1.507	0.2
5	28	13	.195	0.500	2.064	0.2
6	1	34	.010	-1.100	2.171	0.5 ^a
7	0	5	.433	-0.167	1.147	0.06
8	8	14	.565	-0.020	1.883	0.09
9	8	-4	.157	0.400	1.499	0.2
10	1	7	.641	-0.020	2.325	0.1
11	10	-1	.228	0.367	1.629	0.13
12	-4	-3	.573	-0.033	0.320	0.08
13	-5	2	.129	-0.233	0.817	0.08
14	17	-8	.019	0.833	1.840	0.4 ^a
15	7	0	.452	0.233	1.675	0.09
16	-12	6	.005	-0.600	1.070	0.3
17	-3	-1	.801	-0.067	1.437	0.11
18	-2	-9	.500	0.233	1.900	0.1
19	15	-3	.050	0.600	1.610	0.3 ^a
20	-9	-1	.161	-0.267	1.015	0.1
21	8	4	.797	0.100	2.107	0.05
22	27	0	.150	0.900	3.336	0.4
23	-12	0	.037	-0.040	1.003	0.2 ^a
24	1	-8	.300	0.300	1.557	0.12

Note: A paired *t* test ($p \leq .05$) was used to compare individual pre- and post-training survey scores.

^aSignificantly different scores before and after training. Two showed positive change in the perception of caring and two showed no change.

Ten subjects showed lower scores (no change), which were again significantly different in two cases. This compares similarly with the qualitative data, in which three participants did not report a

difference in the way they cared for others since learning Reiki Level I.

Questions where positive change was found in 51% or more of respondents were the following:

- **Question 10:** I am able to tune into a particular client/patient and forget my personal concerns.
- **Question 11:** I can usually create some way to relate to most any client/patient.
- **Question 21:** When trying to resolve a conflict with a client/patient, I usually make it worse.
- **Question 22:** If I think a client/patient is uneasy or may need some help, I approach that person.
- **Question 26:** I often find it difficult to express empathy with clients/patients.

The questions in which positive change occurred in 51% or more of respondents compare with the themes found in the qualitative data: presence, self-care, spirituality, and personal attributes.

Questions where no change was found in 51% or more of respondents were the following:

- **Question 6:** I have an ability to introduce a sense of normalcy in stressful conditions.
- **Question 16:** Even when I'm feeling self-confident about most things, I still seem to be unable to relate to clients/patients.
- **Question 17:** I seem to have trouble relating to clients/patients.
- **Question 18:** I can usually establish a close relationship with my clients/patients.
- **Question 27:** I often become overwhelmed by the nature of the problems client/patients are experiencing.

An evaluation of the data for pre- versus post-training CES scores was completed: The sum of the pre-training CES questions was compared to the sum of the post-training CES questions. A paired *t* test ($p \leq .05$) was used to compare group pre- and post-training CES scores, where means and standard deviations were calculated for two repeated measures for the pre- and post-training CESs (Table 2). The *t* value was 1.84847; the *p* value was .069634. The result is not significant at $p \leq .05$. The effect size using Cohen's *d* was 0.47, indicating a small effect. The Pearson's correlation coefficient was $R = .2822$, indicating a small measure of association (Sullivan & Feinn, 2012).

A comparison was done between the demographics of the subjects and the percent change. Out of all the demographic data obtained, income, gender, ethnicity, and age had no effect on the comparison of pre- versus post-training scores.

Content Analysis

The researcher examined the interview transcripts using a manual open-coding analysis of 24 transcripts describing the nurses' experiences with their perceptions of the way they care for others after practicing Reiki as a self-care practice for 3 months following Reiki Level I training. Certain words and phrases were

Table 2

Comparison of Group Pre- and Post-Training Total Scores

Group	Mean	Median	Mode	SD
1	24.27	23	23	3.34
2	23.1	23	23	0.88

Note: A paired *t* test ($p \leq .05$) was used to compare group pre- and post-training scores. The *t* value was 1.84847; the *p* value was .069634. The result is not significant. The effect size using Cohen's *d* was 0.47, indicating a small effect. The Pearson's correlation coefficient was $R = .2822$, indicating a small measure of association.

repeated throughout the transcripts—in descending order: *calm, spiritual, relaxed, energy, peaceful, more focused, spiritual connection, balanced, enlightened, search for more knowledge, energized*, and references to God.

Four themes emerged from analysis of the data obtained from the recorded semistructured interviews, notes taken by the researcher during the recorded interviews, and written questionnaire responses: calm presence, spiritual connection, the importance of caring for the self in order to care for others, and using more personal self-care and reflective practices (Figure 1).

Calm Presence

Participants acknowledged a feeling of calm a total of 83 times, which was attributed to practicing Reiki Level I for self-care from one time a week to up to five times a week. They mentioned feeling, appearing, or projecting a calm presence in the midst of a busy, stressful day after having self-administered Reiki either the night following or the morning before coming to work. Several participants acknowledged appearing calm and in control even if they didn't always feel calm at the time. Participants also remarked that their coworkers sometimes commented to them that they had handled a situation or stressful event more calmly than before they learned or practiced self-Reiki for self-care. Participants noticed that they felt that they

were more emotionally and spiritually present for their patients as a result of being calmer in general, due to practicing Reiki Level I for self-care:

I can walk into a stressful situation, if I think calmly, it de-escalates the situation, my interactions with patients can be calmer, portray a sense of calm, not take it personally. A patient was yelling at me—I took a step back, compromised with her by taking her IV out, and stay calm. (Patient had been allowed to go outside to smoke, had to set limits with patient, and not allow her to smoke, and patient yelled at her) Consciously was able to stay calm and give a calming attitude. Portray a calming energy on to other people—before not as able to take a step back, and think about what's going on with the patient, stop and reflect, and think that I have to help that person. A lot of times, I appear calm and in control, but inside, I don't feel that way. But now I feel my outside matches what's going on on the inside—I look calm but inside I'm feeling crazy inside—not so much anymore—my inside matches my outside.

Spiritual Connection

The word *spiritual* emerged as a theme throughout the semistructured interviews. Some participants remarked that they wondered before

learning Reiki Level I if the practice would interfere with their own spiritual values or religious beliefs, but they then reported being happy that learning Reiki Level I enhanced their own spirituality and brought them closer to their perception of their own faith and religious values. Several participants felt that learning Reiki Level I helped them to connect with their patients on a spiritual level; several remarked how they would spend time with their patients and listen to them as they talked about dying or planned their funerals. The nurses related feeling privileged to be present during those times, so they could help the families accept their loved ones' wishes when it was difficult for them during that time of grief:

I think of it as a prayer. "Praying for inner peace, God's healing energy, comfort . . .

Spiritual—praying for inner peace for someone, comfort and praying for someone. I think of it as a prayer—anything that God would want for you, I do it through my hands. It is a privilege—another way of healing for that person.

Being a nurse in general is spiritual. Everything from their diet or taking care of their medical needs. It's a full circle of caring with the patient. Providing comfort, or when bathing, putting covers on a patient—is spiritual.

The Importance of Caring for the Self in Order to Care for Others

Nineteen participants stated during their semistructured interviews that "taking care of yourself helps you to take care of others." Several reported that they did not even realize they were not taking care of themselves until they committed to take the time to practice Reiki for self-care. Once practicing Reiki on a regular basis, some participants looked back and noticed that prior to learning Reiki, they would feel depleted at the end of the day. Family members or significant others remarked that after learning Reiki, the participants had noticeably more energy. Several participants remarked that previously they would have used electronic devices or social media as a distraction before going to sleep, but that using Reiki became a healthier and preferred method of distraction to turn off the stresses of the day.

I have learned that the health of oneself directly impacts the care you give to others. Realize how much I was not taking care of myself—so then I started to . . . used to be have to sacrifice for the job, but I tell the kids [patients]: You can't be 100% if you can't take care of yourself 100%.

Using More Personal Self-Care and Reflective Practices

Twenty-three of the participants used the phrase, "use Reiki to take care of myself" a total

Figure 1

Qualitative Themes

Qualitative themes

Current study

Calm presence

Spiritual connection

Importance of caring for self in order to care for others

Using more personal self-care or reflective practices

Previous 2006 Pilot Study

Personal awareness

Spirituality

Increased self-care and caring

Healing presence

of 66 times in the transcripts. Participants reported that since learning and practicing Reiki on themselves, they were looking at other self-care mechanisms, such as improving diet, increasing fitness, or being mindful of caring for the self in the midst of stressful personal or professional events. Several participants reported deep emotional healing as a result of the mindful self-care that Reiki allows. One nurse encountered an emotionally triggering event in her professional life, but she related that because she was able to give herself Reiki, she was able to process the emotion appropriately with her therapist, who attributed her self-reflection to her self-care. She said that for the first time in her life, she was able to have more compassion and understanding of the trauma she experienced as a young girl.

More interested in other holistic modalities—aromatherapy, started making things related to aromatherapy—with essential oils—opened me up to that.

Working on more steps—drink more water, take long walks, I am working on those things—taking steps towards making self better. My mother-in-law is Buddhist—I spend more time with her—when I find something fascinating, I immerse myself in it.

Three participants did not find that Reiki Level I training changed their caring behaviors either personally or professionally. Of the three, one noticed more of an interest in other holistic modalities, and learned more about aromatherapy. Another participant, who was in the age range of 21–30 years and had practiced nursing for less than 2 years, did not identify a sustained spiritual connection after learning Reiki Level I. That participant reported not practicing Reiki after learning for self-care, and preferred massage for self-care. The main preference for this participant was identified as distraction: the use of electronic devices and social media. Two of the three participants who did not identify any change in self-care, spiritual connection, or reported meaningful experience with Reiki described in their interviews and self-reported questionnaires that they had experienced increased psychosocial stressors in their personal and professional lives; for example, one participant was planning a wedding, two had increased workloads and commutes, and one expressed that grief possibly distracted from the ability to focus on Reiki practice.

Nursing Implications

The themes expressed by the qualitative data also relate closely with the 10 Caritas Processes in Watson's Caring Science. The Caritas Processes represent honoring the dignity and privilege of caring for others and loving their work, inspiring healing of the self, others, and the

universe. The Caritas Processes define nursing as a calling, more spiritual, and these notions were expressed in this study by the majority of the participants. The Caritas Processes are honored, and the participants were very aware of the sacredness of their interactions with others (Watson, 2008).

In the previous pilot study, the four themes identified from analysis of the qualitative data were healing presence, self-care and caring behaviors, spirituality, and personal attributes. The themes from the current study were very similar; however, in the current study the participants identified more of a spiritual connection with their patients after learning Reiki, which helped them to be more calm and present with their patients, family members, and coworkers during their workdays. Seventy-nine percent (19 out of 24) of the participants identified self-care as important and a priority when taking care of others. Overall, an unintended benefit the participants noted was that learning Reiki as a self-care practice increased awareness of their own self-reflection, which they related to nursing practice in that they felt calmer and more confident in their professional ability, which also increased their desire for more education on healing or meditative arts. Several of the participants used several different types of healing arts during their 3-month Reiki Level I self-care practice, such as journaling and meditation, and those that utilized multiple methods reported changes in their perception of energy flow in their bodies.

Conclusions

The findings of this study demonstrated that nurses benefit—and maintain the benefit over time—from practicing self-care in their perception of caring for others after learning Reiki. Although statistical significance was not demonstrated, and although a small effect size was calculated, meaningful clinical significance may be inferred, as 21 out of 24 participants reported a change in their perception of caring as a result of practicing self-Reiki three to five times per week (Onwuegbuzie & Leech, 2004). As demonstrated by the results of the pre- and post-training CES scores, changes in the questions relating to spirituality and healing presence were found. Two participants demonstrated no improvement in their pre- and post-training CES scores. One of these participants, who had practiced nursing for less than 2 years and was 21–30 years old, preferred to use social media and an electronic device to relax and distract from the day rather than utilize Reiki. This might be a generational and developmental phenomenon for that particular age group. Another participant in the 21–30 year old age range had practiced nursing for 6 to 10 years showed significantly different for no improvement, suggesting that considering

those particular questions, the participant seemed more comfortable and professionally confident in his or her nursing career. A future study might consider examining the effects of Reiki training on job satisfaction in health care. Another study could examine the effects of a series of Reiki treatments on dissatisfied registered nurses in relation to improving job satisfaction.

In relationship to the themes arising from the qualitative data, where, 3 months after Reiki Level I training, participants expressed changes in their own perception of their caring behaviors, as well as an awareness of the importance of their presence as nurses; connecting to themselves and their patients spiritually in very intimate ways; and an increase in interest in their self-care, including a desire for pursuing education in other healing arts modalities.

Further Research or Future Study

Further research might investigate the integration of the healing modality of Reiki into nursing practice within a hospital health-care system—for example, teaching the importance of self-care in new-employee orientation, encouraging self-care moments during the workday in nursing clinical areas, or incorporating how the employee demonstrates care for the self and others into an annual performance evaluation. Would nurses feel a sense of empowerment in their practice if they have methods to care for themselves and their colleagues, and to authentically connect with their patients with intentionality and compassionate touch? Future studies might include incorporating self-care education with the opportunity for nurses to practice within their larger health-care systems, to further demonstrate the effect of incorporating self-care practices on large healing environments. Finally, providing nurses a resource for caring for themselves and others might, in the future, develop practice standards that integrate meditative arts such as Reiki energy therapy into the everyday cultures of today's health-care systems.

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Author Note

Angela Brathovde is Director of Behavioral Health Education, PI, and Quality, RWJBH Monmouth Medical Center, Long Branch, NJ, USA.

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Correspondence concerning this article should be addressed to Angela Brathovde, Monmouth Medical Center, 300 Second Ave., Long Branch, NJ 07740 USA. Electronic mail may be sent via the Internet to angela.brathovde@rwjbh.org
